

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123
Registered No. 89

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth
Month Day Year

5. No., in order of birth

8.

FATHER

Full name

14.

MOTHER

Full maiden name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday

(Years)

16. Color or race

17. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

18. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____

(Born alive or stillborn)

at _____ A.M. on the date above stated

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

(Physician or midwife)

Given name added from
a supplemental report

Month, day, year

Address

Filed

1929

Registrar

Registrar

704-1200-252